

those who want a basic text to introduce them to life and death issues in bioethics, this is a most welcome contribution.

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## The Medical Profession and Human Rights: Handbook for a Changing Agenda

British Medical Association. Zed Books, 2001, £50.00 (hb), £18.95 (pb), pp 561. ISBN 1 85649 611 2

Doctors are to good governance what the miner's canary is to decent air: their testimony is often the first sign that something has gone seriously wrong. For someone like Wendy Orr, who was a South African district surgeon of 24 when she was forced to confront the lax attitude towards abuse of prisoners' rights in her workplace—the building in which Steve Biko had been tortured—the decision to fight a prevailing medical culture of complacency and passivity was a clear and obvious ethical dilemma. But although this well-structured, comprehensive, and clearly written handbook begins with Wendy Orr's story in her own words, its theme is that the air is more polluted, and that human rights abuses are more of a problem for practitioners, than we like to think.

The effect of human rights abuses on doctors has broadened in the thirty years since the BMA first began to monitor such issues. Conversely, and more hopefully, the effect of the medical profession on human rights abuses has also deepened. Doctors and their constituent organisations around the globe are more aware of the myriad ways in which the medical profession may be called on to be complicit in rights abuses, and less likely to be complicit. For example, the Indian Forum for Medical Ethics condemned the supposedly more humane practice of asking a doctor to certify death rather than prolonging hanging, since if the victim was still alive, the doctor was in fact being required to say "Not dead yet, carry on killing". More generally, the prison physician may feel that his or her participation in capital or corporal punishment will at least make the punishment more humane; against this argument, the BMA notes dryly that "Medical participation usually brings . . . an air of propriety" (page 168).

The BMA's handbook testifies to a sophisticated awareness of the ways in which the agenda for medicine and human rights has moved beyond the still important but more obvious areas, such as torture, prison medical governance, and capital punishment, and into increasingly worrisome but more convoluted areas—such as trafficking in women and children; the effect of the new genomics on weapons research; commodification of organs, and the effect of Third World debt on health as a human rights objective. This breadth of coverage is matched by breadth of participation in preparing the report. The principal authors, Ann Sommerville and Lucy Heath, have involved human rights campaigners in such countries as El Salvador, organisations such as the UK's Medical Foundation for the Victims of Torture, national medical associations (most notably in Turkey), and a very cosmopolitan human rights steering group including representatives from India, the Philippines, and South Africa. The inclusion of Third World views puts paid to the oddly patronising notion that human rights are a Western concept (which, it is implied in this common but wrong-headed account, non-Westerners are too backward to have developed for themselves.)

Although I am glad to see women's rights taken seriously as human rights in this book, I have some doubts about the wisdom of concentrating women's issues largely in one chapter, comprehensive though it is (with material on violence against women, enforced sterilisation and abortion, "honour" killing, rape in wartime, and female genital mutilation). There are other ways in which women are exploited by or with the complicity of doctors—particularly in commodification of gamete donation, which will be especially worrisome in light of the need for enucleated eggs in the stem cell technologies. It was disappointing not to see much mention of the disproportionate burden that structural adjustment policies and debt payments impose on women's health in the otherwise excellent chapter on health as a human rights objective.

*The Medical Profession and Human Rights* is nevertheless a very important book: testimony to the need for the British Medical Association to continue using its unique position at the hub of Commonwealth and other international medical professional bodies, in order to bring to public and professional attention wider ethical issues than the everyday nitty-gritty of consent and confidentiality. This is a book for dipping, rather than reading at one sitting, not least because few of us can stand the sustained grimness of much of what has to be reported. Busy practitioners might want to begin at the end, with the succinct, clear-headed and hard-hitting summary of all the book's recommendations, and work back from there to the individual topical chapters in which the recommendations first appear. I hope that teachers of medical ethics—and more broadly, anyone who has a role in training health care practitioners at any level—will make time for the chapter on teaching ethics and human rights, which, like the rest of the book, is admirably wide ranging, considered, and comprehensive.

One final note, if I may: the Centre for the Study of Global Ethics is currently presenting a series of six public lectures drawn from some of the topics in this handbook—the death penalty; genomic research and weapons development; trafficking in women and children; medicine and debt; global commodification of organs and tissue, and research on Third World populations. We owe a great deal to the inspiration of this book, and hope that we can extend its audience by this public lecture series. As the introduction says of the book itself, the lectures are "dedicated to all those who struggle to protect human rights and, in particular, to doctors who take on what is often a thankless and troublesome task".

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## Principles of Biomedical Ethics, 5th edn.

Beauchamp T L, Childress J F. Oxford University Press, 2001, £19.95, pp 454. ISBN 0-19-514332-9

*The Principles of Biomedical Ethics* by Beauchamp and Childress is a classic in the field of medical ethics. The first edition was published in 1979 and "unleashed" the four principles of respect for autonomy, non-maleficence, beneficence, and justice on the newly emerging field. These principles were argued to be mid-level principles mediating between high-level moral theory and low-level common morality, and they immediately became very popular in writings about medical ethics. Over the years Beauchamp and Childress have developed this

approach and vigorously defended it against the various criticisms that have been raised.

The 5th edition of this book is, as all the previous editions, well written and for the most part very persuasively argued. In some places the authors' intention of being comprehensive does, however, create problems. There are, for instance, places where opposing views are mentioned merely in order to be summarily dismissed as "morally perilous" without further argument.

What is new in the 5th edition? The main theoretical novelty is that the authors now clearly state what they mean by "common morality" and that this definition has changed from previous editions where the common morality was viewed as a set of socially sanctioned norms. The common morality is now defined as "... the set of norms that all morally serious persons share" (page 3) and it is linked explicitly to human rights discourse. This is a major new theoretical commitment on the part of Beauchamp and Childress and saddles them with the problem of showing that there really are any norms that "all morally serious persons share". We may agree that there are norms that all morally serious persons ought to share on serious reflection and after exposure to a wide range of views and arguments, but there is quite some distance between this view and the view that Beauchamp and Childress seem to advocate. In order to get a common morality that has some content they are arguably compelled to define "morally serious person" in terms of holding norms that are to some degree congruent with "common morality", thereby introducing a problematic circularity in their analysis of common morality.

The structure of the book has also been changed. The chapters on moral theory and moral justification are now the last chapters and have swapped places with the chapters on moral norms and moral character. This is presumably to make the book more accessible to health care professionals.

The whole book has been comprehensively rewritten, but the core arguments in the four chapters explicating the four principles are still the same. This also means that the restrictive limits in the scope of the principles of beneficence and justice are still open to the same criticisms that were levelled against the previous editions of the book.

For the person who already has the 4th edition on the bookshelf, and who is not actively using the book for teaching or study there is thus little reason to buy the 5th edition although it is very modestly priced. The underlying arguments have changed to some extent, but the conclusions are pretty much the same.

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## Ward ethics. Dilemmas for Medical Students and Doctors in Training

Edited by T K Kushner, D C Thomasma. Cambridge University Press, 2001, £18.95, pp 265. ISBN 0-521-66452-7

Kushner and Thomasma have assembled a distinguished group of contributors who are almost all practising clinicians with an interest in medical ethics. The book is well laid out and is divided into two main parts: part one "On caring for patients" and part two "On becoming a 'team player': searching for *esprit de corps* and conflicts of socialization". This is a convenient way to think about medical ethics.